IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only	
Indexed	
Audited	
Checked _	
Computer	

Clarinda Correctional Facility		
Name of Department or Office	No. 14 61633	
	Clarinda, IA 51632 City, State, Zip Code	
712-542-5634 Area Code & Telephone No.	771	
•	Zanana karana arang aran	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:	
Meredith Baker		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
meredith.baker@iowa.gov Email Address	712-542-6107	
High Addiess	Area Code & Telephone Number (if different from above)	
DNOR OF GIFT OR BEQUEST:		
Anthony Bertolone		
lame		
failing Address City, State, Zip Code	12/06/17 \$19.96	
	Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number		
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
mail Address (optional)		
Describe a description of the city of house to describe the city of		
Provide a description of the gift or bequest and purpose thereof:		
"Despicable Me 3" DVD for the CCF Movie Library	•	
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the	state or received by the Coverger on hehelf of the state	
recorpt or any gat or bequest that is received by any department of the	state of received by the Governor off bentall of the state.	
tement of Affirmation:	***************************************	
affirm that the gift or bequest reported above	ve is accurate. I further affirm that the information concerning the donor an	
essment of the fair market value (if applicable) is correct and true to the	best of my knowledge.	
(k /		
	12/06/17	
Signatura	* ************************************	
Signature	Date	